Case 23-31016 Doc 12-7 Filed 05/30/23 Entered 05/30/23 10:17:37 Desc Schedule I Page 1 of 2

RECEIVED

Fill in this in	formation to identify your cas	se:		M. W. W. S. A.							
Debtor 1	Thomas Gera		<u></u>				MAY	30	2023		
•							TIME	h			
Debtor 2 (Spouse, if filing	,	PIOTRIOT OF MINIS	DOTA :			CLERK	, U.S. BA	NKA	UPTCY COURT NESOTA		
United State	es Bankruptcy Court for the:	DISTRICT OF MINNES	SOTA	<u> </u>	-	`` .				• .	
Case numb	er <u>23-31016</u>	<u> </u>	* **	-		1 .	eck if this is An amend	ed filing			
	· · · · · · · · · · · · · · · · · · ·						A supplem	ent sho	wing postpetition chapt he following date:	er	
	`		•	•			. <u> </u>			j.	
Officia	<u> Form 1061</u>					-	MM / DD/	YYYY			
Sched	lule I: Your Inco	ome						-		2/15	
Be as comp	plete and accurate as possionrect information. If you are separated and you parate sheet to this form.	ible. If two married peoper are married and not filin	ig jointly, ai	nu your spor	uae 12	ation abo	ut vour ef	oues I	If more space is neede	d.	
Part 1:	Describe Employment					.	· -				
	your employment		Debtor 1				E 7 (20 to 10 TO 10	23,-4444-1	on-filing spouse		
If you	have more than one job,		Employ	yed			Emp	loyed			
attach inform	a separate page with nation about additional	Employment status	☐ Not employed					☐ Not employed LAWYER;LAWYER;			
emplo	yers.	Occupation	MANAG	ER			LAWY	ER,LA	WYER;		
	Include part-time, seasonal, or self-employed work. Employer's name			B&T AUTOMOTIVE, INC				Multiple (see attachment) MACDONALD LAW FIRM, LLC;MACDONALD LAW FIRM, LLC;			
Occupation may include student Employer's address or homemaker, if it applies.			1401 MAIN STREET NEW PRAGUE, MN 56071				LLC;N				
		How long employed t	here?	30 YEARS	, o M	ONTHS			ARS, 0 THS;30 YEARS, 0		
		4.	•				 . !			•	
Part 2:			77.0					- 			
_spouse unic	nonthly income as of the deess you are separated.										
If you or yo	ur non-filing spouse have mo	ore than one employer, co	ombine the i	nformation fo	or all er	nployers	for that per	son on	the lines below. If you n	eed	
	•		-			For	Debtor 1	Fo	or Debtor 2 or		
							2 At 7 (4)	no	n-filing spouse		
List :	monthly gross wages, sala ctions). If not paid monthly,	ry, and commissions (b calculate what the month	efore all pay ly wage wou	roll ild be.	2.	\$	0.00) \$	0.00	· .	
	nate and list monthly overl	•		** *.	3.	+\$	0.00) +\$	0.00		
4. Calc	ulate gross Income. Add li	ne 2 + line 3.	· / · .	. A.	4.	\$	0.00		\$ 0.00		
17.1			2 - 2 - 2					' '			

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Debto	r 1	Thomas Gerard Shimota		Case number (if known)	23-31016		
	-						
٠.				For Debtor	For Debtor	2 or	
-					non-filing s		
-	Can	y line 4 here	4.	\$ 0.00	\$	0.00	
	COP	y mio 4 nere					
5.	List	all payroll deductions:			· .		
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$ 0.00	\$	0.00	
	5b.	Mandatory contributions for retirement plans	5b.	\$ 0.00	\$	0.00	
	5c.	Voluntary contributions for retirement plans	5c.	\$ 0.00	\$	0.00	
	5d.	Required repayments of retirement fund loans	5d.	\$ 0.00	\$	0.00	
	5e.	Insurance	5e.	\$ 0.00	\$	0.00	
	5f.	Domestic support obligations	5f.	\$ 0.00	* <u>* </u>	0.00	•
	5g.	Union dues	5g.	\$ 0.00	+ \$	0.00	
	5h.	Other deductions. Specify:	5h.+		+ ø		
6.		the payroli deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$ 0.00	\$	0.00	
7.		culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$ 0.00	Ψ		
8.	List	all other income regularly received: Net income from rental property and from operating a business,					
	-oa	profession or farm					
		Attach a statement for each properly and business showing gross					
		receipts, ordinary and necessary business expenses, and the total	8a.	\$ 1,389:00	\$ 2	,235.00	100
	61	monthly net income.	8b.	\$ 0.00	\$	0.00	
	8b.	Interest and dividends Family support payments that you, a non-filing spouse, or a dependent			1 1,	-	
	8c.	ragularly ragaive					
		Include alimony, spousal support, child support, maintenance, divorce	8c.	\$ 0.00	\$	0.00	100
		settlement, and property settlement.	8d.	\$ 0.00	. š	0.00	
	8d.	• -	8e.	\$ 0.00	\$	0.00	
	8e.	Social Security	Ψ.	. 0.00		-	
-	8f.	Other government assistance that you regularly receive include cash assistance and the value (if known) of any non-cash assistance					
		that you receive, such as food stamps (benefits under the Supplemental				•	
		Nutrition Assistance Program) or housing subsidies.	8f.	\$ 0.00	\$ [']	0.00_	
	0-	Specify: Pension or retirement income	8g.	\$ 0.00		0.00	
	.8g. 8h.		8h.	+ \$ 0.00	+ \$	0.00	
	OII.	Other morally moonio. Openly.	_ `				
9.	Add	d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$1,389.00	\$	2,235.00	
			10. 🖫	1,389.00 +	2,235.00	= \$ 3.62	24.00
10.	Çal	Culate monthly income. Add the 7 time of	10. \$	1,309,00	2,233.00	- 0,02	. 1100
—		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	_ [·	dr. <u>Gr.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	
11.	Sta	ite all other regular contributions to the expenses that you list in Schedule	J.	ndente vour roommat	es and		٠
•	Incl	lude contributions from an unmarried partner, members of your nousehold, your	achei		5		
	oth:	er friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not a	availa	ble to pay expenses li	sted in Schedul	e J.	
		ecify:		-	11.	+\$	0.00
	•						
12.	Ad	d the amount in the last column of line 10 to the amount in line 11. The resite that amount on the Summary of Schedules and Statistical Summary of Certain	ultis ! in Liah	the combined monthly hilities and Related Da	income. ita. if it		- 4 - 0 -
- 5.5			,, _,,,,	J	12.	\$ 3,62	24.00
٠.	app	plies	.*		•	Combined	
-						monthly inc	ome
49	n.	you expect an increase or decrease within the year after you file this form	?			S	·
13.		NA .					7000
		Voc Evolain: DOT AUTOMOTIVE INC Change: 1 EGAL HOLD."	TOO	K BANK ACCOUN	T FUNDS, OC	TOBER 7, 2	U22
	= #	FOR DOT ALITOMOTIVE INC AND RET INVESTM	II–N I	S LLC. I CULLECT	EN KENIO I	UVOCOLI	. 1.
		OCTOBER 2022 OF LAST YEAR, AND LIZA HAS	COL	FECTED KENTO M	IOV-DEC 202	C, MIND DAIN	747
	. *	MAY 2023, ORDERS, OCTOBER 6, 2022, DECEM	BEK	8, 2022 —			